

APPLICATION FOR EMPLOYMENT

Town of Merrimac
4 School Street
Merrimac, MA 01860
978-346-8862



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
<p>How Did You Learn About Us?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Advertisement Publication Name/Date _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Referral Employee Name _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Employment Agency </div> <div style="width: 45%;"> <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ </div> </div>					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Electronic Mail Address		Social Security Number

Best time to contact you at home is: _____: _____ ☐ AM / ☐ PM

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date ____ / ____ / ____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date ____ / ____ / ____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

If Yes, stated name, relationship and location _____

Are you currently employed? ☐ Yes ☐ No

May we contact you present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: ☐ Full Time

☐ Part Time (Please indicate ☐ Mornings ☐ Afternoon ☐ Evenings)

☐ Temporary (Please indicate dates available ____ / ____ thru ____ / ____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Applicants for positions which require daily use of company vehicles must provide a current Department of Motor Vehicles driving record upon application for employment. Bowers & Associates, Ltd. will reimburse the applicant for the associated cost. A copy of your valid drivers license must be attached for field survey positions.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				(attached copy of school transcript required)
Graduate/ Professional				(attached copy of school transcript required)
Other (Specify)				

WORK EXPERIENCE

Start with you present or lost job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer ¹	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra circular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability or other product status.

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/ Equipment Operated)

GENERAL / ADMINISTRATIVE

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> PC/ MAC | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Facsimile | <input type="checkbox"/> Typing [WPM ____] |

ENGINEERING / SURVEYING

- | |
|---|
| <input type="checkbox"/> Plotter |
| <input type="checkbox"/> Total Station |
| <input type="checkbox"/> Level |
| <input type="checkbox"/> Data Collector |

OTHER (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

PERSONAL/ PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Please note that Applications for Employment received from potential employees via electronic mail must be authorized with an original signature during the interview process.

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

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